Innovative Practices for Responding to TANF Client's Substance Abuse

Title of Event: *TANF Substance Abuse Workshop*

Date(s): July 21-22, 1998

Location: Omni Albany Hotel, Albany, New York

I. Summary

The ACF Welfare Peer Technical Assistance Network coordinated this workshop in collaboration with the ACF Region II office. This effort was initiated in response to a request from the New York State Office of Temporary and Disability Assistance. The purpose of this two-day technical assistance event was to promote the sharing of innovative practices and resources for responding to substance abuse problems among TANF clients. Specific topics addressed included an overview of state and local substance abuse initiatives, substance abuse services and Work First (the North Carolina experience), substance abuse and mental health as coexisting disabilities, the Oregon experience, child protective service issues, and action plan development. This summary highlights the main points from the workshop presentations and discussions in these areas.

II. Participants

Workshop participants included TANF representatives from the states of Connecticut, Delaware, New Jersey, New York, North Carolina, Oregon, and Texas. Substance abuse agency representatives participated from the states of Connecticut and New York. New York State also had participants from the State Department of Health, Office of Medicaid Management and Office of Managed Care, and the New York State Department of Labor, Welfare-to-Work Division. Barbara Andrews, James Colangelo, and Dennis Minkler represented ACF Region II. Lois Bell represented the Technical Assistance Branch of the Office of Family Assistance, ACF. Speakers included Robb Cowie, Legal Action Center; Audra Keitt, National Center on Addiction and Substance Abuse at Columbia University; Jamie Greenberg, New York State Office of Children and Family Services; Smith Worth, Behavioral Healthcare Resource Program, University of North Carolina at Chapel Hill; and April Lackey, Adult and Family Services Division/Office of Alcohol and Drug Abuse Programs, Oregon Department of Human Resources; and Jeanette Hercik, Caliber Associates.

I. Session Summary - Part One

A. Needs Assessment Findings and Overview of State Challenges -- Jeanette Hercik, Ph.D., Caliber Associates and the ACF Welfare Peer Technical Assistance Network.

Jeanette Hercik provided an overview of the findings of the national *Needs Assessment* conducted by the ACF Welfare Peer Technical Assistance Network during the months of January-May 1998. The purpose of this Needs Assessment was to identify the primary challenges and successes of State's implementation of their welfare reform initiatives. Based on the findings of this assessment, top 12 challenges to TANF implementation are:

1. Data Gathering
2. Transportation
3. Clients with Substance Abuse Problems
4. Post-Employment Services
5. Management Information Systems
6. Rural Clients
7. Clients with Learning Disabilities
8. Evaluation and Monitoring
9. Culture Change
10. Domestic Violence Victims
11. Clients with Mental Health Problems
12. Child Care--Odd Hour/Shift Work

Dr. Hercik stated that C*lients with Substance Abuse Problems* tied *with Post-Employment Services* on the Needs Assessment as the number three challenge area that states are struggling with as they implement welfare reform. She also noted *that Clients with Mental Health Problems* ranked number 10 and that substance abuse and mental health are often present as coexisting disabilities. She cited research studies indicating that between 10 and 20% of welfare recipients have substance abuse problems.[1] In addition, an Urban Institute study found that substance abuse among welfare recipients was a significant barrier to steady work.[2] The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) gives States the option of testing recipients for illegal drugs and sanctioning those who test positive, and it permits States to sanction recipients

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[1]U.S. Department of Health and Human Services: Office of the Assistant Secretary for Planning and Evaluation, National Institute on Drug Abuse and Substance Abuse and Mental Health Services Administration. (1994). *Patterns of Substance Abuse and Substance-Related Impairment Among Participants in the Aid to Families with Dependent Children Program*. Washington, DC: U.S. Department of Health and Human Services.

[2]Pavetti, L. and Olson, K. (1996) Personal and Family Challenges to the Successful Transition from Welfare to Work. Final Report. Washington, DC: The Urban Institute.

if convicted of a drug related felony after August 22, 1996. Time limits and work requirements necessitate that States address the issue of substance abuse among its welfare population and develop programs and options that make them employable. Although TANF funds can be used to fund wrap-around services for substance abuse treatment, these dollars cannot fund **medical services** under PRWORA. This policy places States in a most challenging predicament and potentially overloads the existing treatment facilities and programs. Dr. Hercik noted that while most States ranked clients with substance abuse problems as one of the most challenging issues, a large number of States did not have the necessary data about caseload statistics and had only begun to study the issue and take the first steps to address the issue.

B. Identification and Sharing of State Substance Abuse Challenges and Priorities.

Participants worked in State groups to generate a list of challenges that must be addressed to effectively respond to substance abuse problems among TANF recipients. They then identified characteristics of successful TANF substance abuse initiatives. These activities were conducted as brainstorming sessions and participant comments are presented below with minimal editing.

Challenges to Successful TANF Substance Abuse Programs/Initiatives

- The need for better environments for clients (e.g., new extended families, clustered living situations, etc.)
- The need to document impairments that may help people (substance abusers) qualify for SSI; should this be an up front strategy or a last resort?
- The need to look at learning and developmental disabilities that impair judgment and coexist with substance abuse problems
- Learning disability professionals/advocates do not want to be included as part of mental health
- The mental health system has typically worked with individuals, not families; it has worked with systems of care that are not community based
- The linkage between substance abuse and family violence
- The need to identify mentally ill chemical abuser (MICA) clients
- MICA clients being sent down one treatment path or the other
- The antagonism and differing philosophies between the mental health and the alcohol and other drug abuse disciplines
- The need for substance abuse treatment providers to pay more attention to mental health
- The need to respond to differences in severity of mental health problems
- How to identify substance abusing women on TANF
- The need to screen for multiple problems
- Lack of information on pervasiveness of the substance abuse problem
- Treatment availability is unknown (e.g., residential vs. outpatient)
- Retention in treatment
- How to plan for types/amounts of treatment needed
- Determining the most appropriate type(s) of treatment

- Setting rates -- provider network
- The need for flexibility to change the mix of treatment
- Screening: Who does it and how is it done
- Access to treatment -- specifically for females, women and children, and family oriented services
- How to deal with confidentiality issues when TANF requires mandatory reporting
- Getting information about the nature of the clients' problems to treatment providers
- Monitoring and tracking
- Staff training

Characteristics of Successful TANF Substance Abuse Programs/Initiatives

- Continuum between prevention and treatment
- Holistic services -- family-oriented
- Working smarter with available resources
- Flexibility to modify/change strategies -- get rid of what is not working
- Team approach with one person taking primary responsibility (i.e., Individual Family Service Plan/IFSP)
- Teaching responsibility -- including the family as part of the team
- Multiple system coordination
- Diversion (e.g., cash assistance, transportation)
- People with the "right" credentials doing the screening/assessment (initial triage, etc.) -- appropriate training; enough people with the "right" credentials
- Influencing/educating decision makers about what is required to make welfare reform work -- media attention; higher level profile at the federal level
- State commitment to reinvest TANF dollars
- Mutual responsibility contracts (state and family)
- Top-down commitment (e.g., Governor) within the state for coordination and collaboration
- Committed leadership at all levels (e.g., legislators, commissioners, service deliverers)
- Front line people -- getting to know other people who are working on the issue
- Trust
- Housing and rental subsidies
- Wrap-around services
- Outcome-based treatment
- Out of the box thinking -- new environment; new thinking
- Being proactive with job creation -- micro enterprises; social purpose jobs
- Cross training of staff

C. Discussion of State and Local Substance Abuse Initiatives -- Robb Cowie, Legal Action Center, and Audra Keitt, National Center on Addiction and Substance Abuse at Columbia University.

Robb Cowie addressed three issues related to substance abuse treatment and welfare reform: (1) the coordination of treatment and work, (2) managed care, and (3) treatment

capacity and funding. He referenced a research report produced by the Legal Action Center in 1997 and provided updates to this information.[3]

Coordination of Treatment and Work: In reference to a report by the National Association of State Alcohol and Drug Abuse Directors (NASADAD), Mr. Cowie said that 71% of responding States did not know if their Private Industry Councils (PICs) were targeting substance abusing clients for funds in their welfare to work grants. Citing this same study, he said that 73% of states did not know if their competitive grants were targeting substance abusers. Many states are not aware of specific initiatives targeting substance abusers in general. New York State and other parts of the country are grappling with the coordination of workfare work experience with substance abuse treatment. States are trying to learn how to prevent recipients from relapsing into substance abuse. They are also trying to decide what to do if relapse occurs and the recipient cannot continue to participate in work satisfactorily. They need to know what policies should be in place. A related issue is learning how to identify relapsing recipients quickly enough, before sanctions are applied. In New York, sanctions make it more difficult for a recipient to enter residential treatment when recipients are reliant upon welfare benefits to pay for treatment services.

Managed Care and Welfare Reform: Health Maintenance Organizations (HMOs) and Managed Care Organizations (MCOs) are not interested in paying for services that are ordered by other systems such as criminal justice or welfare. In those States where there are managed care programs operating, it is not clear how MCOs will respond if the social services system is saying that a person needs a certain level of care, possibly even with a provider that is outside of the MCO's network. It is also not clear what type of intervention States will provide to insure that recipients are not caught between conflicting orders from different gatekeepers, e.g., a welfare caseworker and an HMO. The group discussed this issue and raised concerns about recipients suffering from substance abuse and other illnesses such as AIDS or serious mental illness.

Treatment Capacity and Treatment Funds: Data from the U.S. Department of Health and Human Services indicates that between 10 and 15% of the TANF population requires treatment for drug or alcohol problems. As caseloads are reduced, this percentage is likely to increase. Substance abuse problems will become more evident as states get further and further into their caseloads, and recipients begin running up against their time limits. According to NASADAD, only 10 States are using TANF funds to pay for substance abuse treatment. Some States may feel that substance abuse treatment is not an allowable use of TANF funds. Clearly, the non-medical components of treatment (e.g., counseling, case management, vocational services, transportation, etc.) are fundable. This is an opportunity to support treatment.

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[3]Legal Action Center (1997), *Making Welfare Reform Work: Tools for Confronting Alcohol and Drug Problems Among Welfare Recipients.* New York, NY & Washington, DC.

Participants noted that there is a dearth of services for women and children. They also noted that confidentiality is a problematic issue that needs to be resolved. Anita Martin of the Legal Action Center said that they have a grant from the Center for Substance Abuse Treatment (CSAT) to provide training to states on confidentiality issues. They help states explore specific issues of concern and help them understand the relationship between federal and state confidentiality laws. They typically involve people from a variety of state agencies in their training programs.

Audra Keitt, of the National Center on Addiction and Substance Abuse (CASA) at Columbia University provided an overview of their programs. She said that CASA, which is six years old, looks into how drug and alcohol abuse tie into most of the social ills of this country such as teen pregnancy, homelessness, crime, violence, welfare, etc. CASA's three arms include: (1) the medical division that looks into drugs affect the brain and the body; (2) the policy division looks at state and national policy, and (3) the program division that develops pilot programs to test interventions related to addiction and substance abuse. Within the program division there is a program called CASA Works for Families that began approximately two years ago with a planning grant from the Robert Wood Johnson Foundation. Initially, program staff gathered information about treatment for women, welfare, and job training. They then convened a national advisory board comprised of experts in these three fields including both researchers and people who had worked on the front lines. The third thing that program staff did was to conduct focus groups of TANF women in treatment in three states. They asked them about their experiences in treatment and their experiences on welfare. They then asked these women to provide guidance for the development of a model program. Almost all of the women suggested that the job training component of the program should occur much earlier in the treatment process than what is currently being done. Most programs require them to be in treatment for six months to nine months before offering job training. These focus group participants said that they are ready to begin talking about work within 30 to 60 days after entering treatment.

The CASA Works for Families staff also conducted an employer survey in two states, California and North Carolina, to obtain employer views on hiring welfare recipients, people who were former drug abusers, and people who were both. The results of this survey will be available soon. Program staff worked on a CASA Works for Families guidebook on the program components and a training guide.

CASA Works for Families integrates job training and treatment for TANF mothers who have drug and alcohol problems. The program philosophy is "treatment is training and training is treatment", such that a woman should have a seamless experience as she works to become sober and to keep work. For example, whenever a woman goes to her treatment sessions, there should be talk about showing up on time, dressing appropriately, learning how to interact with other members of the group, etc., -- skills that can be transferred to the workplace. The program selected 20 states to pilot the model. The states selected are doing innovative things to integrate treatment and training for women. States were invited to nominate a lead agency in their state that they were confident could follow and implement the model smoothly. States could nominate a welfare office,

treatment agency, a training agency, or a multi-service agency. Most of the states nominated a treatment agency or community based organization. None of them nominated a welfare office and none of them nominated a training center to serve as the lead agency. The lead agency has to partner with the other two core agencies -- either welfare or job training. Outside of these core partners, there are other partners such as housing, transportation, family violence, child care, etc. All of the agencies have to work together in order to move women off welfare into work and to help them become sober. After states identified the initial sites, these sites had to apply to become a CASA Works site. The application process involved three rounds of questions and CASA then visited each of the 20 sites that were nominated. Eleven sites were selected in May of 1998. The sites selected include three cities in California, two in the County of Los Angeles and one in San Francisco. Other cities selected include Baltimore; the Horizons Program in Chapel Hill, North Carolina; Nashville; Springfield, MO; Norman, OK; Philadelphia; St. Petersburg, FL; and Claremont County, OH.

The Robert Wood Johnson Foundation has agreed to fund the program for three years beginning in January of 1999. The Annie E. Casey Foundation and CSAT have also committed funds. A second phase of the program (a study) will follow the three year operational phase. In the study, the program staff will assign half of the participants to the a control group and half to a treatment group for randomized control trials. The second phase of the program will last for five years. CASA will establish a CASA Works Web site that will have Internet and Intranet capabilities, in the near future. In November of 1998, CASA will convene an all-site conference in Los Angeles. Each of the eleven sites will be able to send eight people; one of which must be a client in treatment.

D. Child Protective Service Issues -- Jamie Greenberg, New York State Office of Children and Family Services.

Mr. Greenberg provided an overview of law in New York State that applies to child protective service issues, and how this law may relate to substance abuse and screening assessment for welfare clients. New York State had to create a screening instrument and establish an assessment process within the last year. This has resulted in concerns about the kinds of self-reporting information that would be revealed in the screening and assessment process. Specifically, what it means in terms of mandated reporting and issues around abuse and neglect.

New York State has a relatively restricted definition of neglect that includes the provision that a child's condition has to be impaired or be in danger of being impaired in order for there to be a finding of neglect. When confronted with an allegation of substance or alcohol abuse, the child protective service worker must determine if the report is an indicated report (meaning that there is credible evidence that the abuse has occurred) or an unfounded report (meaning that there is not sufficient evidence to determine if abuse has occurred). In an indicated case, removal of the child from the home is not mandated but is one possible action. A child protective service worker cannot take any action unless there is a finding that a child's condition has been impaired or is in danger of being

impaired. In cases of substance abuse, for example, it is not sufficient to say that a child has been maltreated because a parent abuses drugs (even illegal drugs). What is important is that a child's condition has been impaired or is in danger of being impaired in order for there to be a finding of neglect. Many clients do not have a clear perception of this issue, and they believe that their children will automatically be taken away from them if it becomes known that they have a substance abuse problem.

The New York State screening form has nine questions. There is nothing that a client could report on the screening form that would give a child protective service worker reasonable cause to suspect child abuse or neglect.

E. Substance Abuse Services and Work First (WF) -- Smith Worth, Behavioral Healthcare Resource Program, university of North Carolina at Chapel Hill, and Substance Abuse Services Section, North Carolina Department of Health and Human Services

Ms. Worth reported that the North Carolina Substance Abuse Services Section was appropriated $5.3 million in TANF funds to assist the area programs in addressing substance abuse issues with Work First participants. The funds were allocated to accomplish four things: (1) to support the hiring of qualified substance abuse professionals to be out-stationed at the local Department of Social Services (DSS) offices; (2) to provide or make provision for urine toxicology screens (for therapeutic reasons only); (3) to provide non-Medicaid reimbursable support services to address barriers to treatment for substance abusing parents (such as child care, transportation, and room and board for residents to stay in treatment); and (4) to provide funding for the development of seven enhanced employee assistance program demonstration sites. Since 1990, the general assembly in North Carolina has also appropriated $3.5 million in State funds for the support of 23 prenatal and maternal child programs across the State. Since 1994, North Carolina has had a woman’s substance coordinator who monitors and manages the set aside funds from the substance abuse prevention and treatment block grant.

Ms. Worth emphasized that groundwork had been laid in North Carolina before the implementation of TANF that served as a knowledge base for current programs. She also noted the importance of having knowledge of the strength and barriers of the TANF population. North Carolina over the years has supported the development of public employee assistance programs (EAPs) among its area programs and provided a solid base for the development of enhanced EAP (EEAP) programs. Ms. Worth provided an overview of the Work First program in North Carolina outlining family and work responsibilities, employment goals, case management support services, time limits, and re-application procedures. She described the characteristics of the North Carolina TANF population which included many low income or unemployed, poorly educated, pregnant or addicted women enrolled in public addition treatment programs. Ms. Worth also noted that the rates of substance abuse among women in rural areas were significantly higher than for women in urban areas. She commented on the myth that all rural areas are the same and explained that there is great diversity in ethnicity, cultural traditions, economic structures, available jobs, mores, values and attitudes regarding alcohol and other drug

use, and divergent histories of discrimination and disadvantage. There are also some similarities within rural populations such as sparsely populated areas with great distances between clients and services, fewer formal resources, inadequate transportation and communication infrastructures, and lack of available professionals to provide services (such as substance treatment).

In 1995, North Carolina conducted a household telephone survey and found that approximately 35% of its Work First (WF) participants needed some type of substance abuse intervention. Based on those results, the state created a Task Force and began looking at model programs across the country dealing with this issue. North Carolina has created a substance abuse screening and assessment tool that is gender-sensitive, easy to use, reliable, and that recognizes issues of confidentiality. As of April 1998, the state has trained all front-line staff in its 100 counties on the use of this screening tool and assessment tool.

In addition, alcohol and substance abuse services are provided to recipients through the EEAP within the North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. The focus of the EEAP is to reduce the rate of alcohol and substance abuse and increase the hiring rate of participants by businesses. A key component of the EEAP is the mentoring of WF participants. The "Mentoring Success" program has been added to the EEAP to educate the employer and provide guidance, advocacy, and support for WF participants.

F. The Oregon Experience -- April Lackey, Adult and Family Services Division/Office of Alcohol and Drug Abuse Programs, Oregon Department of Human Resources

Oregon has developed screening tools and assessment protocols for substance abuse and has conducted staff training sessions on the use of these instruments. Most of these instruments have been integrated into workforce development screening and assessment tools used to help TANF recipients move from welfare to work. April Lackey shared and discussed a number of these instruments with workshop participants. They include: a child protective services planning manual; an employee development plan; a safety assessment; a medical self assessment; a drug and alcohol self-assessment; a JOBS assessment; a pre-assessment checklist; an assessment tool guide; a needs assessment guide; and a coping survey. She also shared a JOBS program planning guide, an Oregon Basic Skills Report, and a case management training manual. Ms. Lackey provided guidance as to the effective use of these tools and resources.

II. Workshop Evaluation Feedback

Participants completed a three-page evaluation feedback form in which they were asked to rate the technical assistance support received and gives specific comments on the workshop. The presenters were rated highly in terms of their knowledge, experience, and information provided. Following are examples of the comments provided regarding:

I. Describe any immediate benefits to your agency that you anticipate as a result of the TA provided.

- Seeing and utilizing assessment tools from other states
- Stressing the need to obtain higher level commitment on the issue
- Greater discussion within the state; also, awareness of other states' experiences, models, etc. "I plan to use Oregon as a tremendous resource"
- An opportunity to hear different views on the topics presented.
- Good exchange and information dissemination among states
- Specific short term ideas identified to discuss with the substance abuse agency and eligibility agency
- Additional ideas in setting up our substance abuse referral and treatment procedures.

III. Describe any anticipated longer-term benefits of the technical assistance

- Contacts from other states for networking
- Idea for pilot substance abuse project identified and more focus on family based services
- Knowing what some other states are doing may be helpful as we adjust our program

III. Identify what was most useful about the technical assistance

- Validation that we are addressing the problem in a successful manner
- Able to provide "other" state information to our state providers
- Meeting people from other states/areas who can be contacted later for info/advice
- Small working group encouraged good candid discussion
- Opportunity to interact with several stakeholders on an issue of relevancy to all.

IV. How could the technical assistance have better met your needs?

- Better adherence to time frames for speaking by participants or make it longer
- Some presentations could have been condensed
- A session devoted to "innovative" projects. Actual practice in "out of the box" thinking
- More interaction to provide information/ideas to issues presented
- More substance abuse agencies participating in the workshop
- Would have liked to form small groups to work on specific tasks and then report back to the large group
- State presentations first; each state provide some written material on certain issues, e.g., how they are handling screening, assessment, coordination with work activities, etc. Discussion could be focused on those things.

V. Do you have any final comments or questions?

- Upcoming workshops deal with job creation, job readiness, transportation, child care, etc.
- TA providers were very good at keeping the group on task and on time
- Let's have more sessions with different aspects of the same general topic.
- These types of meetings are very helpful and are probably needed across the country.
- Results should be shared with APWA, NGA, and other national organizations.